

THE DENTAL REGULATIONS, 1974

SCHEDULE

STUDENT APPLICATION FORM

**The Dental Act**

**Application for student registration for the Jamaica Dental Council exam (administered by ADEX CDCA)**

**To: The Dental Council, Jamaica**

*(Regulation 5)*

Name of Applicant .....

**(Surname first, block letters)**

Address (1) .....

Date of Birth ..... Place of Birth .....

Nationality .....

Intended place of practice or employment .....

Qualifications :

Dental School .. ..

Expected Graduation Date .. ..

Other Qualifications :

1) Previous degrees or Diplomas. .... Date granted .....

Educational Institution.. ..

2) Previous degrees or Diplomas. .... Date granted .....

Educational Institution.. ..

3) Previous degrees or Diplomas. .... Date granted .....

Educational Institution.. ..

**Attach additional sheet(s) if necessary**

Name and addresses of three character references:

1) .....

2) .....

3) .....

To be submitted with application:

(a) Applicable fee. (4)

(b) 2" x 2" passport type photograph (stamped and signed by JP).

(c) Letter from the Dean of the dental school currently being attended certifying the approval to sit the examination

I hereby apply to sit the exam and that the above information is true and correct.

.....

Signature of Applicant

.....

Date

(To be completed by a dental or medical practitioner registered in Jamaica or by a person of standing in the country of residence of the applicant who has known the applicant for at least a year.)

I, ..... of .....

**(full name, block letters)**

certify that I have been acquainted with the applicant for ..... years and that he/she is of good character.

Date. ....

Signed.....

Address.....

Qualification.....

Notes

(1) The Registrar must be notified of any subsequent change of address.

(2) Examination fee :

Registration/ Application fee:

**\$2085.00 US**

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**To be completed by the Registrar**

Type of registration: Full .....

Registration number, if full registration .....

Date and number of Gazette notice in which registration published .....

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Reason for refusal, if refused.....

**Signature of Registrar**

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**Name (block letters)**

.....

**Date**